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TOWNSEND and TOWNSEND and CREW LLP

By

*Sandra Shaffer*

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*1/30/03*  
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JAN 16 2003

TECH CENTER 1600/2900

PATENT

Attorney Docket No. 16303-008030

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Thomas D. Madden, *et al.*

Application No.: 09/896,812

Filed: June 29, 2001

For: LIPOSOMAL ANTINEOPLASTIC  
DRUGS AND USES THEREOF

Examiner: Gollamudi S. Kishore

Art Unit: 1615

RESPONSE TO RESTRICTION  
REQUIREMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In response to the Restriction Requirement, Applicants elect, with traverse, to prosecute the claims of Group II, claims 32-63, drawn to compositions containing anti-neoplastic agents. Applicants' election is made with traverse as examination of the subject matter recited in the claims of Groups I and II would not place a substantially greater burden on the Examiner.

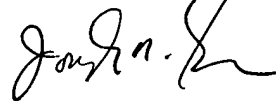
Further, in response to the Species Election, Applicants elect species (b), *i.e.*, compositions without empty liposomes. As stated in MPEP § 809.02(a), "[u]pon the allowance of a generic claim, applicant will be entitled to consideration of claims to additional species which are written in dependent form or otherwise include all the limitations of an allowed generic claim as provided by 37 CFR § 1.141."

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Application No.: 09/896,812  
Page 2

PATENT

If the Examiner has any questions regarding Applicants' elections, or if the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at (925) 472-5000.

Respectfully submitted,



Joseph R. Snyder  
Reg. No. 39,381

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Two Embarcadero Center, 8th Floor  
San Francisco, California 94111-3834  
(415) 576-0200  
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EGW/lis

WC 9047393 v1

1615#

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

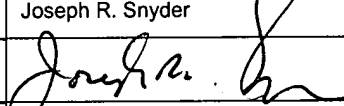
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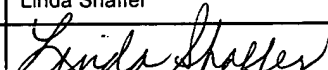
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/896,812	
	<b>Filing Date</b>	June 29, 2001	
	<b>First Named Inventor</b>	Madden, Thomas D.	
	<b>Group Art Unit</b>	1615	
	<b>Examiner Name</b>	Gollamudi S. Kishore	
<b>Total Number of Pages in This Submission</b>	1	<b>Attorney Docket Number</b>	16303-008030

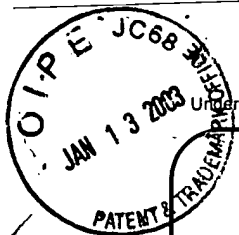
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Response to Restriction Requirement/Return
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Joseph R. Snyder Reg. No. 39,381
Signature	
Date	1/6/03

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 1/6/03	
Typed or printed name	Linda Shaffer
Signature	 Date 1/6/03

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WC 9051409 v1



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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 465

## Complete if Known

Application Number 09/896,812  
Filing Date June 29, 2001  
First Named Inventor Madden, Thomas D.  
Examiner Name Gollamudi S. Kishore  
Group Art Unit 1615  
Attorney Docket No. 16303-008030

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## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ MoneyOrder ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Total Claims	Extra Claims	Fees from below	Fee Paid
Independent Claims		**		
Multiple Dependent				

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee Code	Entity	Small Fee Code	Entity	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	465
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$)465

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Joseph R. Snyder	Registration No. (Attorney/Agent)	39,381	Telephone	925-472-5000
Signature				Date	1/6/03

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